| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF NEW YORK | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | | | | |
|----|--|--|---|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 1. | Your full name | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Eliane First name M Middle name Grullon Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | | | |
| | | | | | | |
| 2. | All other names you have used in the last 8 years | | | | | |
| | Include your married or maiden names. | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5072 | | | | |

| Det | otor 1 Eliane M Grullon | | Case number (if known) |
|-----|---|---|--|
| | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 405 Tannasa Danid | If Debtor 2 lives at a different address: |
| | | 405 Terrace Road Bayport, NY 11705 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Suffolk | Number, Street, City, State & ZIF Code |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |

| Deb | otor 1 Eliane M Grullon | | | | | Case number (if known) | |
|-----|--|---|--|--|---|--|---|
| | | | | | | | |
| Par | t 2: Tell the Court About | our Bank | ruptcy Case | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ■ Chap | ter 7 | | | | |
| | | ☐ Chap | iter 11 | | | | |
| | | ☐ Chap | | | | | |
| | | ☐ Chap | | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | abo ord | out how you may | pay. Typically, if you pey is submitting your p | are paying the fee | yourself, you may pay with c | ash, cashier's check, or money |
| | | • | • | | you choose this o | ck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with ion, sign and attach the Application for Individuals to Pay on only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition. Case number Case number Case number Case number Case number Relationship to you Relationship to you Relationship to you | |
| | | Th | e Filing Fee in In | stallments (Official Fo | m 103A). | | - |
| | | but app | t is not required to plies to your fami | o, waive your fee, and ily size and you are un | may do so only it able to pay the fe | your income is less than 150 e in installments). If you choose | % of the official poverty line that se this option, you must fill out |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | |
| | last 8 years? | ☐ Yes. | | | | | |
| | | | District | | When | Case number | er |
| | | | District | | When | Case number | er |
| | | | District | | When | Case number |)r |
| 10. | Are any bankruptcy | ■ No | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | | Debtor | | | Relationship | :o you |
| | | | District | | When | Case number | , if known |
| | | | Debtor | | | · | - |
| | | | District | | When | Case number | , if known |
| 11. | Do you rent your | ■ No. | Go to line 12. | | | | |
| | residence? | ☐ Yes. | Has your land | dlord obtained an evic | tion judgment aga | inst you? | |
| | | | ☐ No. G | So to line 12. | | | |
| | | | | Fill out <i>Initial Statemer</i> ankruptcy petition. | nt About an Evicti | on Judgment Against You (Fo | rm 101A) and file it as part of |
| | | | | | | | |

| Deb | tor 1 Eliane M Grullon | | | | Case number (if known) | | |
|------|---|--|--|---|---|--|--|
| | | | | | | | |
| Part | Report About Any Bu | ısinesses | You Own | as a Sole Proprie | tor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Yes. Name and location of business | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State & ZIP Code | | | | |
| | it to this petition. | Check the appropriate box to describe your business: | | | ox to describe your business: | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | e | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | s. If you in is, cash-fl | dicate that you are ow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure | | |
| | For a definition of small | ■ No. | I am r | ot filing under Chap | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | • | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Part | t 4: Report if You Own or | Have Any | Hazardo | us Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat | ■ No. | | | | | |
| | of imminent and identifiable hazard to public health or safety? | | What is | the hazard? | | | |
| | Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

Debtor 1 Eliane M Grullon Case number (if known)

Part 5: Explain Your Efforts to

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Eliane M Grullon | | | Case num | ber (if known) | |
|-----|--|--|--|---|---|--|
| Par | t 6: Answer These Quest | ions for Re | porting Purposes | | | |
| | What kind of debts do you have? | 16a. | | umer debts? Consumer debts are dal, family, or household purpose." | efined in 11 U.S.C. § 101(8) as "incurred by an | |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | | ness debts? Business debts are debtenent or through the operation of the b | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or busin | ess debts | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. (| Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | Yes. | | ou estimate that after any exempt pr ble to distribute to unsecured credito | operty is excluded and administrative expenses rs? | |
| | administrative expenses are paid that funds will | | ■ No | | | |
| | be available for distribution to unsecured creditors? | | □ Yes | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | 25,001-50,000 | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | ☐ 50,001-100,000 | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | |
| 19. | How much do you | \$0 - \$5 | 50.000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | |
| | estimate your assets to be worth? | □ \$50,00 | 1 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | |
| 20. | How much do you | ■ \$0 - \$5 | 50,000 | □ \$1,000,001 - \$10 million | П \$500 000 001 - \$1 billion | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | |
| | to be: | | 001 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | |
| | | □ \$500,0 | 001 - \$1 million | □ \$100,000,001 - \$500 million | s that you incurred to obtain siness or investment. sess debts perty is excluded and administrative expenses sesser? 25,001-50,000 | |
| Par | t 7: Sign Below | | | | | |
| For | you | I have exa | amined this petition, and I declare | e under penalty of perjury that the info | ormation provided is true and correct. | |
| | | | | am aware that I may proceed, if eligib f available under each chapter, and I | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request | relief in accordance with the chap | oter of title 11, United States Code, sp | pecified in this petition. | |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571. | | | | |
| | | Eliane M | e M Grullon I Grullon | Signature of Deb | otor 2 | |
| | | Signature | of Debtor 1 | | | |
| | | Executed | on <u>January 28, 2020</u> MM / DD / YYYY | Executed on | IM / DD / YYYY | |
| | | | | ı v | | |

| Debtor 1 Eliane M Grullon | | Cas | se number (if known) |
|---|--|---------------------------|---|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Uni | ted States Code, and have | e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | | | wledge after an inquiry that the information in the |
| | /s/ Richard A. Jacoby, Esq. Signature of Attorney for Debtor | Date | January 28, 2020 MM / DD / YYYY |
| | Richard A. Jacoby, Esq. | | |
| | Jacoby & Jacoby, Attorneys At Law Firm name | | |
| | 1737 North Ocean Avenue Medford, NY 11763 Number, Street, City, State & ZIP Code | | |
| | Contact phone 631-289-4600 | Email address | |
| | 2585735 NY Bar number & State | | |

| Fill | I in this information to identify your case: | | | |
|-------|--|------------------|--------------------|-----------------------------|
| | btor 1 Eliane M Grullon | | | |
| | First Name Middle Name Last Name | | | |
| | btor 2 ouse if, filling) First Name Middle Name Last Name | | | |
| Unit | ited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | | | |
| | | | | |
| | se number | | _ | if this is an led filing |
| | | | | |
| Off | fficial Form 106Sum | | | |
| | ımmary of Your Assets and Liabilities and Certain Statistical Info | rmation | 1 | 2/15 |
| infor | as complete and accurate as possible. If two married people are filing together, both are equally operation. Fill out all of your schedules first; then complete the information on this form. If you are it original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | | |
| Part | rt 1: Summarize Your Assets | | | |
| | | | Your as Value o | sets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 13,792.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 13,792.00 |
| Part | rt 2: Summarize Your Liabilities | | | |
| | | | Your lia | hilitias |
| | | | | you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of S | Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | | \$ | 20,875.00 |
| | Your to | otal liabilities | \$ | 20,875.00 |
| Part | rt 3: Summarize Your Income and Expenses | L | | |
| | · | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | 2,521.79 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 2,680.00 |
| Part | rt 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the | e court with you | r other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 1 | | personal, | family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the for the court with your other schedules. | orm. Check this | box and su | bmit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Debto | r 1 Eliane M Grullon | Case number (if known) | |
|-------|---|------------------------|----------------|
| | From the Statement of Your Current Monthly Income: Cop 22A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 L | , , | \$ 3,082.75 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this infor | rmation to identify you | r case and this filing: | | | |
|--|--|---|-----------------------------------|------------------------------|--|
| Debtor 1 | | | | | |
| Deplor | Eliane M Grullo | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| | | EASTERN DISTRICT OF N | | | |
| United States B | ankruptcy Court for the. | EASTERN DISTRICT OF IN | EWTORK | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Ω #:α:α! Γα | 100 A /D | | | | |
| _ | orm 106A/B | | | | |
| | le A/B: Pro | | | | 12/15 |
| think it fits best. I | Be as complete and accu re space is needed, attac | ibe items. List an asset only once rate as possible. If two married ph a separate sheet to this form. (| eople are filing together, both a | re equally responsible for s | upplying correct |
| Part 1: Describe | e Each Residence, Buildin | ng, Land, or Other Real Estate Yo | ou Own or Have an Interest In | | |
| 1. Do you own or | have any legal or equital | ole interest in any residence, buil | ding, land, or similar property? | | |
| ■ No. Go to Pa | art 2 | | | | |
| ☐ Yes. Where | | | | | |
| | | | | | |
| Part 2: Describe | e Your Vehicles | | | | |
| □ No ■ Yes | rucks, tractors, sport | utility vehicles, motorcycles | | | |
| 3.1 Make: | Toyota | Who has an interest | in the property? Check one | | claims or exemptions. Put |
| Model: | Rav4 | Debtor 1 only | and property: onconone | | red claims on Schedule D: nims Secured by Property. |
| Year: | 2004 | ☐ Debtor 2 only | | Current value of the | Current value of the |
| Approxima Other infor | ate mileage: | Debtor 1 and Deb | • | entire property? | portion you own? |
| | | Check if this is c (see instructions) | | \$2,000.00 | \$2,000.00 |
| Examples: Box No Yes S Add the doll pages you h Part 3: Describe | ats, trailers, motors, per lar value of the portion lave attached for Part | ATVs and other recreational sonal watercraft, fishing vessel by you own for all of your entrice | s, snowmobiles, motorcycle ad | y entries for | \$2,000.00 Current value of the portion you own? |
| | | | | | Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 1

| D | ebtor 1 | Eliane M Gru | ıllon | Case number (if known) | |
|-----|---------------------|--|---|--------------------------------|----------------------------------|
| 6. | | old goods and f es: Major applian | urnishings ces, furniture, linens, china, kitchenware | | |
| | Yes. | Describe | | | |
| | | | Household Goods | | \$1,500.00 |
| | | | | <u> </u> | |
| 7. | Electron Example | es: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers phones, cameras, media players, games | s, printers, scanners; music o | collections; electronic devices |
| | _ | Describe | | | |
| 3. | | | figurines; paintings, prints, or other artwork; books, pictures, or oons, memorabilia, collectibles | ther art objects; stamp, coin | n, or baseball card collections; |
| | | Describe | | | |
|). | Example | ent for sports ar es: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tab | les, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| | ■ No □ Yes. | Describe | | | |
| 10. | Firearm | | s, shotguns, ammunition, and related equipment | | |
| | ■ No | 700. T 101010, TITO | , shotgans, animantion, and rolated equipment | | |
| | ☐ Yes. | Describe | | | |
| 11. | Clothes Examp □ No | | othes, furs, leather coats, designer wear, shoes, accessories | | |
| | Yes. | Describe | | | |
| | | | Clothes | | \$1,000.00 |
| 12. | □ No | | welry, costume jewelry, engagement rings, wedding rings, heirloc | om jewelry, watches, gems, | |
| | | | Jewelry | | \$400.00 |
| 13. | Examp ■ No | rm animals bles: Dogs, cats, l | birds, horses | | |
| 14. | ■ No | her personal and | d household items you did not already list, including any hea | alth aids you did not list | |
| 15 | | | of all of your entries from Part 3, including any entries for pa number here | ges you have attached | \$2,900.00 |
| | | | | | |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

Official Form 106A/B Schedule A/B: Property

page 2

| De | ebtor 1 | Eliane M Grullon | Case number (if known) |
|-----|--------------|---|---|
| | | | claims or exemptions. |
| | | | ciamic of exemptions. |
| 16. | Cash | olos: Monov vou bovo in vour wallot, in vo | home, in a safe deposit box, and on hand when you file your petition |
| | ■ No | ores. Money you have in your wallet, in yo | nome, in a sale deposit box, and off hard when you life your petition |
| | | | |
| | — 100 | | |
| 17. | | its of money | contrate contification of deposits charge in availt unique brokerone between and other similar |
| | Ехапц | | ccounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar nts with the same institution, list each. |
| | ■ No | , | |
| | ☐ Yes | | Institution name: |
| | | | |
| 18. | | , mutual funds, or publicly traded stocoles: Bond funds, investment accounts wi | brokerage firms, money market accounts |
| | ■ No | side. Bena rande, investment accounts wi | biokorago mino, monoy market accounte |
| | _ | Institution or is | er name: |
| | | | |
| 19. | | ublicly traded stock and interests in in renture | rporated and unincorporated businesses, including an interest in an LLC, partnership, and |
| | ■ No | ontar o | |
| | | Give specific information about them | |
| | | Name of entity: | % of ownership: |
| 20 | Govern | ament and corporate honds and other | gotiable and non-negotiable instruments |
| 20. | Negoti | iable instruments include personal checks | cashiers' checks, promissory notes, and money orders. |
| | | egotiable instruments are those you canr | transfer to someone by signing or delivering them. |
| | ■ No | | |
| | ☐ Yes. | Give specific information about them | |
| | | Issuer name: | |
| 21. | Retiren | ment or pension accounts | |
| | | oles: Interests in IRA, ERISA, Keogh, 401 |), 403(b), thrift savings accounts, or other pension or profit-sharing plans |
| | □ No | List and account assessed | |
| | ■ Yes. | List each account separately. Type of account: | Institution name: |
| | | ,, | |
| | | 401(K) | - \$2,500.00 |
| | | | |
| 22. | | ty deposits and prepayments | |
| | | | so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications companies, or others |
| | ■ No | ocs. Agreements with landiords, prepaid | it, public utilities (cicculo, gas, water), telecommunications companies, or others |
| | | | Institution name or individual: |
| | | _ | |
| 23. | _ | ies (A contract for a periodic payment of | oney to you, either for life or for a number of years) |
| | ■ No | Issuer name and descripti | |
| | ☐ Yes | issuer name and descripti | • |
| 24. | Interest | ts in an education IRA, in an account i | a qualified ABLE program, or under a qualified state tuition program. |
| | | C. §§ 530(b)(1), 529A(b), and 529(b)(1). | |
| | ■ No | Institution name and dose | tion. Separately file the records of any interests.11 U.S.C. § 521(c): |
| | ☐ Yes | Institution hame and desc | uon. Separately file the records of any interests. 11 0.3.0. § 521(c). |
| 25. | Trusts, | , equitable or future interests in prope | (other than anything listed in line 1), and rights or powers exercisable for your benefit |
| | ■ No | | |
| | ☐ Yes. | Give specific information about them | |
| 26 | Patente | s, copyrights, trademarks, trade secre | and other intellectual property |
| ∠0. | | | eeds from royalties and licensing agreements |
| | ■ No | ., | |
| | ☐ Yes. | Give specific information about them | |

Official Form 106A/B Schedule A/B: Property page 3

| D | Debtor 1 Eliane M Grullon | | Ca | ase number (if known) | |
|-----|--|--|-------------------------|----------------------------|---|
| 27. | _ ′ ′ ′ ′ | neral intangibles e licenses, cooperative association hol | dings, liquor license | s, professional licenses | |
| | ■ No☐ Yes. Give specific information about | t them | | | |
| M | loney or property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | 3. Tax refunds owed to you ☐ No ☐ Yes. Give specific information about | them, including whether you already | filed the returns and | the tax years | |
| | | 2019 Estimated tax refund | | Federal & State | \$6,392.00 |
| 29. | Family support | nony, spousal support, child support, n | naintenance, divorce | e settlement, property so | ettlement |
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability in benefits; unpaid loans you No Yes. Give specific information | nsurance payments, disability benefits, I made to someone else | sick pay, vacation p | oay, workers' compens | ation, Social Security |
| 31. | . Interests in insurance policies Examples: Health, disability, or life ins ■ No | surance; health savings account (HSA |); credit, homeowne | r's, or renter's insurance | Э |
| | ☐ Yes. Name the insurance company Compan | | Beneficiary | : | Surrender or refund value: |
| 32. | Any interest in property that is due if you are the beneficiary of a living trusomeone has died. No | you from someone who has died ust, expect proceeds from a life insura | nce policy, or are cu | rrently entitled to receiv | re property because |
| | ☐ Yes. Give specific information | | | | |
| 33. | Claims against third parties, whether Examples: Accidents, employment distribution No | er or not you have filed a lawsuit or sputes, insurance claims, or rights to s | | r payment | |
| | ☐ Yes. Describe each claim | | | | |
| 34. | No No Yes. Describe each claim | claims of every nature, including co | unterclaims of the | debtor and rights to s | et off claims |
| 35. | Any financial assets you did not alread No Yes. Give specific information | eady list | | | |
| 36 | 6. Add the dollar value of all of your for Part 4. Write that number here. | entries from Part 4, including any e | | u have attached | \$8,892.00 |
| Pa | art 5: Describe Any Business-Related Pro | perty You Own or Have an Interest In. Li | st any real estate in F | ∟ Part 1. | |

Schedule A/B: Property

Official Form 106A/B

page 4

| Debto | or 1 Eliane M Grullon | | | Case number (if known) | |
|---------------|--|--|--------------------------|------------------------------|-------------|
| 37. Do | you own or have any legal or e | equitable interest in any business-relat | ed property? | | |
| I | No. Go to Part 6. | | | | |
| | Yes. Go to line 38. | | | | |
| Part 6 | Describe Any Farm- and Cor If you own or have an interest | nmercial Fishing-Related Property You in farmland, list it in Part 1. | ı Own or Have an Interes | st In. | |
| 46. D | o you own or have any lega | l or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | No. Go to Part 7. | | | | |
| | Yes. Go to line 47. | | | | |
| Part 7 | 7: Describe All Property Y | ou Own or Have an Interest in That Yo | u Did Not List Above | | |
| Ε | Examples: Season tickets, cou | f any kind you did not already list ntry club membership | ? | | |
| | No Yes. Give specific information | 1 | | | |
| | | f your entries from Part 7. Write th | at number here | | \$0.00 |
| Part 8 | List the Totals of Each P | art of this Form | | | |
| 55. I | Part 1: Total real estate, line | 2 | | | \$0.00 |
| 56. I | Part 2: Total vehicles, line 5 | | \$2,000.00 | | |
| 57. l | Part 3: Total personal and h | ousehold items, line 15 | \$2,900.00 | | |
| 58. I | Part 4: Total financial asset | s, line 36 | \$8,892.00 | | |
| 59. I | Part 5: Total business-relate | ed property, line 45 | \$0.00 | | |
| 60. I | Part 6: Total farm- and fishi | ng-related property, line 52 | \$0.00 | | |
| 61. I | Part 7: Total other property | not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Ad | d lines 56 through 61 | \$13,792.00 | Copy personal property total | \$13,792.00 |
| 63. | Total of all property on Sch | edule A/B. Add line 55 + line 62 | | | \$13,792.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fil | II in this inform | nation to identify your ca | se: | | | | | |
|--------------------------|---|---|---|--|--|---|--|--|
| | ebtor 1 | Eliane M Grullon | | | | | | |
| _ | | First Name | Middle Name | L | ast Name | | | |
| | ebtor 2 bouse if, filing) | First Name | Middle Name | L | ast Name | | | |
| Ur | nited States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF NE | EW Y | ORK | | | |
| Ca | ase number | | | | | | | |
| | known) | | | | | | Check if this is an amended filing | |
| \bigcirc | fficial Fo | m 106C | | | | - | · | |
| | | | perty You Cla | im | as Exempt | | 4/19 | |
| the nee | property you list eded, fill out and se number (if kn | sted on Schedule A/B: Prod attach to this page as ma own). | perty (Official Form 106A/B) my copies of <i>Part 2: Additior</i> | as yo nal Pa | ther, both are equally responsible for our source, list the property that you age as necessary. On the top of any | claim as exe additional pa | empt. If more space is ages, write your name and | |
| spe any fun exe | ecific dollar amy y applicable stands—may be un emption to a pa | nount as exempt. Alterna atutory limit. Some exem nlimited in dollar amoun | tively, you may claim the f ptions—such as those for . However, if you claim an | ull fai healt exen | ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain be nption of 100% of fair market valu letermined to exceed that amoun | ing exempte enefits, and e under a la | ed up to the amount of tax-exempt retirement w that limits the | |
| Pa | art 1: Identif | y the Property You Claim | as Exempt | | | | | |
| 1. | Which set of | ch set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | |
| | ☐ You are cla | aiming state and federal no | nbankruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | | |
| | You are cla | aiming federal exemptions. | 11 U.S.C. § 522(b)(2) | | | | | |
| 2. | For any prop | For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below. | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property Current value of the Amount of the exemption you claim portion you own | | ount of the exemption you claim | Specific lav | vs that allow exemption | | | |
| | | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | |
| | 2004 Toyota | a Rav4 nedule A/B: 3.1 | \$2,000.00 | | \$2,000.00 | 11 U.S.C. | § 522(d)(2) | |
| | Line nom Sch | edule A/B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Household | Goods edule A/B: 6.1 | \$1,500.00 | | \$1,500.00 | 11 U.S.C. | § 522(d)(3) | |
| | Line from Gon | edule AVB. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Clothes | nedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. | § 522(d)(3) | |
| | Line nem cen | odale 772. | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Jewelry | nedule A/B: 12.1 | \$400.00 | | \$400.00 | 11 U.S.C. | § 522(d)(4) | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | 401(K): - | redule A/B: 21.1 | \$2,500.00 | | \$2,500.00 | 11 U.S.C. | § 522(d)(12) | |
| | LINE HOIN SCA | Guule PVD. 41.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |

Official Form 106C

| Эе | btor 1 Eliane M Grullon | | Case number (if known) | | | |
|----|---|--|--|---|-----------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | |
| | Federal & State: 2019 Estimated tax refund | \$6,392.00 | | \$6,392.00 | 11 U.S.C. § 522(d)(5) | |
| | Line from Schedule A/B: 28.1 | 100% of fair market value, up to any applicable statutory limit | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 | | | led on or after the date of adjustmer | nt.) | |
| | No | | | | | |
| | ☐ Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? | |
| | □ No | | | | | |
| | ☐ Yes | | | | | |

Official Form 106C

| Fill in this infor | | | | | |
|---|------------------|--------------------|------------|--|-----------------------|
| Debtor 1 | Eliane M Grullon | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | F NEW YORK | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Official Form 106D

| Fill in this info | rmation to identify your o | ase: | | | |
|--|---|---|--|---|---|
| Debtor 1 | Eliane M Grullon | | | | |
| 200101 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | EASTERN DISTRICT | OF NEW YORK | | |
| | | | | | |
| Case number (if known) | | | | | ☐ Check if this is an |
| , | | | | | amended filing |
| | | | | | Ğ |
| Official Fo | | | | | |
| Schedule | E/F: Creditors W | ho Have Unsec | ured Claims | | 12/15 |
| Schedule G: Exe Schedule D: Cred left. Attach the C name and case n | cutory Contracts and Unexpi ditors Who Have Claims Sect ontinuation Page to this pag umber (if known). | red Leases (Official Form ured by Property. If more s e. If you have no informati | 106G). Do not include a pace is needed, copy t | any creditors with partially se he Part you need, fill it out, n | roperty (Official Form 106A/B) and on ecured claims that are listed in number the entries in the boxes on the op of any additional pages, write your |
| | All of Your PRIORITY Un | | | | |
| | itors have priority unsecured | ciaims against you? | | | |
| No. Go to | Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: List | All of Your NONPRIORIT | Y Unsecured Claims | | | |
| | itors have nonpriority unsec | | | | |
| _ ' | nave nothing to report in this pa | | ourt with your other scho | dulos | |
| | lave nothing to report in this pa | art. Submit this form to the c | ourt with your other sche | aules. | |
| Yes. | | | | | |
| unsecured cl | aim, list the creditor separately | for each claim. For each claim | aim listed, identify what ty | ype of claim it is. Do not list clai | or has more than one nonpriority ims already included in Part 1. If more aims fill out the Continuation Page of |
| | | | | | Total claim |
| 4.1 AT&T | Mobility | Last 4 digi | s of account number | 6716 | \$596.00 |
| • | rity Creditor's Name | | | | <u> </u> |
| | Bankruptcy Dept. Andrews Highway | When was | the debt incurred? | 1/19 | |
| | nd, TX 79706 | | | | |
| | Street City State Zip Code | As of the d | ate you file, the claim i | s: Check all that apply | |
| Who in | curred the debt? Check one. | | | | |
| Deb | tor 1 only | ☐ Conting | ent | | |
| ☐ Debi | tor 2 only | ☐ Unliquid | ated | | |
| ☐ Debi | tor 1 and Debtor 2 only | ☐ Dispute | t | | |
| ☐ At le | ast one of the debtors and and | ther Type of NC | NPRIORITY unsecured | l claim: | |
| ☐ Che | ck if this claim is for a comm | nunity | loans | | |
| debt | laim subject to offset? | | | ration agreement or divorce tha | at you did not |
| | iaini subject to onset? | | iority claims | g plans, and other similar debts | , |
| ■ No | | | | y pians, and other similar debts | • |
| ☐ Yes | | Other. S | pecify Utilities | | |

| Debto | Eliane M Grullon | Case number (if known) | | | | |
|-------|--|---|--|------------|--|--|
| 4.2 | Comenity Bank | Last 4 digits of account number | 6721 | \$1,343.00 | | |
| | Nonpriority Creditor's Name PO Box 182273 | When was the debt incurred? | 6/18 | | | |
| | Columbus, OH 43218-2273 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | • | , | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| 4.3 | Comenity Bank | Last 4 digits of account number | 4972 | \$847.00 | | |
| | Nonpriority Creditor's Name PO Box 182273 | When was the debt incurred? | 5/18 | | | |
| | Columbus, OH 43218-2273 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | • | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | |
| | No | Debts to pension or profit-sharin | | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | | | | |
| | | | | | | |
| 4.4 | Comenity Bank/mandee | Last 4 digits of account number | 3319 | \$937.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 03/16 Last Active | | | |
| | Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | 10/17/17 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | debt Is the claim subject to offset? | | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify Charge Acc | | | | |
| | — 100 | Other. Specify | | | | |

| Debtor | 1 Eliane M Grullon | | Case number (if known) | |
|--------|---|---|---|------------|
| 4.5 | Comenity Bank/Victoria Secret Nonpriority Creditor's Name | Last 4 digits of account number | 6721 | \$1,342.00 |
| | Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 04/16 Last Active 7/14/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | aration agreement or divorce that you did not | |
| | ■ No □ Yes | Other. Specify Charge Acc | | |
| | Li res | Other. Specify Online Act | | |
| 4.6 | Commerce Bank Nonpriority Creditor's Name | Last 4 digits of account number | 3319 | \$938.00 |
| | 9000 Atrium Way Attn: Levy Department Mount Laurel, NJ 08054 | When was the debt incurred? | 8/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | □Yes | ■ Other. Specify Credit Card | <u> </u> | |
| 4.7 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number | 5360 | \$894.00 |
| | Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 6/11/15 Last Active 1/22/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | □ Yes | Other. Specify Credit Card | | |

| Debtor 1 Eliane M Grullon | | | | |
|---------------------------|--|---|--|----------|
| 4.8 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number | 2145 | \$222.00 |
| | Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 06/16 Last Active 1/06/20 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.9 | Employee of Suffolk | Last 4 digits of account number | 53N1 | \$268.00 |
| | Nonpriority Creditor's Name 245 Main Street Scranton, PA 18519 | When was the debt incurred? | 9/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| 4.1 | Fingerhut | Last 4 digits of account number | 4003 | \$604.00 |
| | Nonpriority Creditor's Name P.O. Box 1250 Saint Cloud, MN 56395-1250 | When was the debt incurred? | 10/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | □ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |

| Debtor | 1 Eliane M Grullon | Case number (if known) | | | | |
|--------|--|---|--|----------|--|--|
| 4.1 | First PREMIER Bank | Last 4 digits of account number | 0607 | \$582.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code | Opened 03/16 Last Active 6/15/18 As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | l | | | |
| 4.1 | Kohls/Capital One | Last 4 digits of account number | 9074 | \$596.00 | | |
| | Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201 | When was the debt incurred? | Opened 05/16 Last Active 8/11/17 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | \square Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| 4.1 | Optimum Nonpriority Creditor's Name | Last 4 digits of account number | 8985 | \$227.00 | | |
| | 1111 Stewart Ave Bethpage, NY 11714 | When was the debt incurred? | 8/19 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | \square Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Utilities | | | | |

| Debtor | 1 Eliane M Grullon | | Case number (if known) | | | | | | |
|------------------------------|--|--|---|---------------------------|--|--|--|--|--|
| 4.1 | Santander Consumer USA | Last 4 digits of account number | 1000 | \$8,589.00 | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 10-64-38-Fd7 601 Penn St Reading, PA 19601 | When was the debt incurred? | Opened 07/16 Last Active 5/11/18 | - | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | Contingent | | | | | | | |
| | Debtor 2 only | Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | ed claim: | | | | | | |
| | ☐ Check if this claim is for a community debt | <u> </u> | paration agreement or divorce that you did not | | | | | | |
| | Is the claim subject to offset? | report as priority claims | paration agreement or divorce that you did not | | | | | | |
| | No | Debts to pension or profit-shar | ing plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Reposses | sion | _ | | | | | |
| 4.1 | Suffolk County Community | Last 4 digits of account number | 5268 | \$2,890.00 | | | | | |
| | Nonpriority Creditor's Name Ammeran Room 10C Campus Business Office 533 Collge Road | When was the debt incurred? | 9/19 | | | | | | |
| | Selden, NY 11784 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepreport as priority claims | paration agreement or divorce that you did not | | | | | | |
| | No | Debts to pension or profit-shar | ing plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Tuition | | _ | | | | | |
| Part 3: | List Others to Be Notified About a De | ebt That You Already Listed | | | | | | | |
| is tryi have r notifie | is page only if you have others to be notified ng to collect from you for a debt you owe to s nore than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor nat you listed in Parts 1 or 2, list the add or submit this page. | n Parts 1 or 2, then list the collection agence ditional creditors here. If you do not have ad | y here. Similarly, if you | | | | | |
| | nd Address ction Bureau Hudson | On which entry in Part 1 or Part 2 did yo Line 4.13 of (<i>Check one</i>): | u list the original creditor? Part 1: Creditors with Priority Unsecured Cla | ims | | | | | |
| PO Bo | | ′ | Part 2: Creditors with Nonpriority Unsecured | | | | | | |
| Newb | urgh, NY 12551 | Last 4 digits of account number | — Fait 2. Cleditors with Nonpholity Onsecured | Ciaiiis | | | | | |
| Name a | nd Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | | | | | | |
| - | nonwealth Financial | | Part 1: Creditors with Priority Unsecured Cla | | | | | | |
| Syster 245 M | | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | | |
| | on City, PA 18519 | | | | | | | | |
| | | Last 4 digits of account number | | | | | | | |
| | nd Address | On which entry in Part 1 or Part 2 did yo | | | | | | | |
| | nce Resource Dallas | <u>-</u> | Part 1: Creditors with Priority Unsecured Cla | | | | | | |
| Pkwy | | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | | |
| - | , TX 75248 | To the Post of the Control of the Co | | | | | | | |
| | | Last 4 digits of account number | | | | | | | |

| Debtor 1 Eliane M Grullon | | Case number (if known) | | | | | |
|---|--|--|--|--|--|--|--|
| Name and Address Immediate Credit Recovery PO Box 1900 Wappingers Falls, NY 12590 | On which entry in Part 1 or Part 2 Line 4.15 of (Check one): Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Name and Address Jefferson Capital 16 McIeland Rd Saint Cloud, MN 56303 | On which entry in Part 1 or Part 2 Line 4.10 of (<i>Check one</i>): Last 4 digits of account number | 2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Name and Address Portfolio Recovery Po Box 41021 Norfolk, VA 23541 | On which entry in Part 1 or Part 2 Line 4.2 of (Check one): Last 4 digits of account number | e did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Name and Address Portfolio Recovery Po Box 41021 Norfolk, VA 23541 | On which entry in Part 1 or Part 2 Line 4.6 of (Check one): Last 4 digits of account number | e did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Name and Address Portfolio Recovery Po Box 41021 Norfolk, VA 23541 | On which entry in Part 1 or Part 2 Line 4.3 of (Check one): Last 4 digits of account number | 2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|--|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims | | Out the state of t | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 20,875.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 20,875.00 |

| Fill in this infor | Fill in this information to identify your case: | | | | | | | | | |
|---------------------|---|--------------------|------------|--|---------------------|--|--|--|--|--|
| Debtor 1 | Eliane M Grullon | | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | | |
| Debtor 2 | | | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK | | | | | | | |
| Case number | | | | | | | | | | |
| (if known) | | | | | Check if this is an | | | | | |
| | | | | | amended filing | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have the , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | · | • | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | - | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u></u> |
| | City | | State | ZIP Code | <u> </u> |

Official Form 106G

| Fill in this inf | ormation to identify your | case: | | | |
|--|--|--|--|--|---|
| Debtor 1 | Eliane M Grullon | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | | |
| | | | | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| | orm 106H le H: Your Cod | ebtors | | | 12/15 |
| ill it out, and rour name and | | boxes on the left. Attach Answer every question | the Additional Page t | to this page. On the top | eeded, copy the Additional Page, o of any Additional Pages, write |
| ■ No | | | | | |
| Arizona, C ■ No. Go □ Yes. Di 3. In Columnin line 2 a | California, Idaho, Louisiana, to line 3. Id your spouse, former spouse, In 1, list all of your codebte again as a codebtor only is iD), Schedule E/F (Official | Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran | erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make | ington, and Wisconsin.) r if your spouse is filing sure you have listed the | y states and territories include g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | umn 1: Your codebtor e, Number, Street, City, State and ZI | P Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 2.4 | | | | Och estate D. F. | _ |
| 3.1 Nam | e | | | | |
| | | | | ☐ Schedule G, lin | |
| Num | ber Street | | | <u> </u> | |
| City | | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | Α |
| Nam | е | | | ☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | e |
| Num | ber Street | | | _ | |
| City | | State | ZIP Code | | |

Official Form 106H
Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

| Fill | in this information to identify your o | ase: | | | | ı | | | | |
|---------------------------------|--|---|---|---|----------------|-----------------------------|--------------------|---------------------|-----------------------------|-------------------|
| | otor 1 Eliane M Gr | | | | | | | | | |
| | otor 2 use, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | e: EASTERN DISTRICT | OF NEW YORK | | _ | | | | | |
| | se number | | - | | | | mended opleme | nt showing | g postpetitio | |
| O ¹ | fficial Form 106I | | | | | | DD/ Y | | nowing date | • |
| | chedule I: Your Inc | ome | | | | IVIIVI / | ו /טט | 111 | | 12/15 |
| sup _i spo atta | is complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filli ur spouse is not filing wi On the top of any additi | ng jointly, and your sith you, do not include | spouse i de inforr | s liv natio | ing with you on about yo | u, inclu ur spo | de informuse. If mo | nation abou ore space is | t your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | De | ebtor 2 | or non-fil | ing spouse | ı |
| | If you have more than one job, | Employment status | ■ Employed | | | | Emplo | yed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | Occupation | Shift Lead | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Family Residence Essential Enterprise | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Road | 191 Bethpage Sweet Hollow Road Old Bethpage, NY 11804 | | | | | | |
| | | How long employed to | here? 4 Years | | | | | | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | | |
| Esti spou | mate monthly income as of the cuse unless you are separated. u or your non-filing spouse have m | late you file this form. If | , | | | | | | • | J |
| more | e space, attach a separate sheet to | this form. | | | | | | | | |
| | | | | | | For Debtor | 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,18 | 8.75 | \$ | N/A | _ |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - - |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 2,188.7 | 75 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1 | Eliane M Grullon | _ | C | Case r | number (<i>if known</i>) | | | | |
|-----|----------------|--|--------|-----|-------------|----------------------------|------------------|------------|--------------|----------|
| | | | | | For | Debtor 1 | | r Debtor | | |
| | Con | y line 4 here | 4. | | \$ | 2,188.75 | no \$ | n-filing s | pouse N/A | |
| | COP | y line 4 nere | ٠. | | Ψ | 2,100.73 | Ψ_ | | 11// | - |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ì. | \$ | 456.67 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 98.97 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ | 0.00 | \$_ | | N/A | _ |
| | 5e. | Insurance | 5e | | \$ | 0.00 | \$_ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$_ | | N/A | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: 401K Loan | 5g | | \$ _ | 0.00 1.93 | * + \$ | | N/A N/A | _ |
| | JII. | Paid Family Leave | | 1.Т | \$ | 3.39 | - Ψ ₋ | | N/A | _ |
| _ | A .1.1 | | | | · — | | · – | | | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 560.96 | \$_ | | N/A | _ |
| 7. | Calc | sulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 1,627.79 | \$ _ | | N/A | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | 1 | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | | <u>\$</u> — | 0.00 | \$- | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$ | 0.00 | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 8d | | \$ - | 0.00 | \$- | | N/A | _ |
| | 8e. | Social Security | 8e | | \$ | 0.00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food stamps | e 8f. | | \$ | 394.00 | \$_ | | N/A | - |
| | 8g. | Pension or retirement income | 89 | , | \$ | 0.00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: Mother's Contribution | 8h | 1.+ | \$ | 500.00 | + \$_ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | S | 894.00 | \$_ | | N/A | A |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | • | | 2,521.79 + \$ | | N/A | = \$ | 2 521 70 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ъ_ | | 2,521.79 + 5 | | N/A | , | 2,521.79 |
| 11. | State Inclu | e all other regular contributions to the expenses that you list in Schedular ide contributions from an unmarried partner, members of your household, you refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not | r depe | | , | • | • | | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certains | | | | | | e. 12. | \$ | 2,521.79 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this forn | n? | | | | | | | y income |
| | _ | Yes. Explain: | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | n this information | n to identify yo | our case: | | | | | |
|-------------|---------------------------------|-------------------|------------------|--|----------------------|--------------|-----------------|---|
| Debt | | Eliane M Gru | | | | Che | ck if this is: | |
| | tor 2 | | | | | | | wing postpetition chapter the following date: |
| `` | | toy Court for the | · FASTE | RN DISTRICT OF NEW Y | ORK | | MM / DD / YYYY | |
| | | tcy Court for the | . LAGIL | IN DISTRICT OF NEW T | OKK | | WIWI7 DD 7 TTTT | |
| 1 | e number nown) | | | | | | | |
| | ficial For | | | | | | | |
| | chedule . | | | | | | | 12/1 |
| info | | e space is ne | eded, atta | . If two married people and the control of the cont | | | | |
| Part | Describ | e Your House | hold | | | | | |
| ١. | ■ No. Go to li | ne 2. | in a sonar | ate household? | | | | |
| | □ No | | • | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you have o | dependents? | □ No | | | | | |
| | Do not list Deb Debtor 2. | tor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat | | Dependent's age | Does dependent live with you? |
| | Do not state th | | | | 0 | | • | □ No |
| | dependents na | mes. | | | Son | | | ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | - | | _ | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| 2 | Do your expe | aaaa inaluda | _ | | | | | ☐ Yes |
| 3. | expenses of p yourself and y | eople other t | han $_{\square}$ | No Yes | | | | |
| Esti exp | imate your expe | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | ssistance an | | government assistance i luded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| 4. | The rental or payments and | | | ses for your residence. I r lot. | nclude first mortgag | e 4. : | \$ | 2,020.00 |
| | If not included | d in line 4: | | | | | | |
| | 4a. Real est | ate taxes | | | | 4a. | \$ | 0.00 |
| | | , homeowner's | s, or renter | 's insurance | | 4b. | · | 0.00 |
| | 4c. Home m | aintenance, re | pair, and u | ıpkeep expenses | | 4c. | \$ | 0.00 |
| _ | | | | dominium dues | | 4d. | · | 0.00 |
| 5. | Additional mo | rtgage payme | ents for yo | our residence , such as ho | me equity loans | 5. | \$ | 0.00 |

| Debtor 1 | Eliane M | Grullon | Case | e num | ber (if known) | |
|----------------|--------------------------------|--|-------------------------------------|-------|---------------------------------------|------------------------------|
| 6. Utili | tios: | | | | | |
| 6a. | | heat, natural gas | | 6a. | \$ | 0.00 |
| 6b. | • | ver, garbage collection | | 6b. | | 0.00 |
| | | | onvices | | · · · · · · · · · · · · · · · · · · · | |
| 6c. | • | , cell phone, Internet, satellite, and cable so | EIVICES | 6c. | | 100.00 |
| 6d. | Other. Spe | · | | 6d. | · | 0.00 |
| | | keeping supplies | | 7. | · | 200.00 |
| . Chil | dcare and c | hildren's education costs | | 8. | \$ | 0.00 |
| . Clot | hing, laundı | y, and dry cleaning | | 9. | \$ | 50.00 |
| 0. Pers | sonal care p | roducts and services | | 10. | \$ | 0.00 |
| 1. Med | lical and der | ital expenses | | 11. | \$ | 50.00 |
| | nsportation. not include ca | Include gas, maintenance, bus or train fare |). | 12. | \$ | 160.00 |
| | | ii payments. clubs, recreation, newspapers, magazin | as and books | 13. | | 0.00 |
| | | | cs, and books | | · - | |
| | | ibutions and religious donations | | 14. | Φ | 0.00 |
| 5. Insu | | annua and deducted forces are a series. | dia linea 4 au 00 | | | |
| | | surance deducted from your pay or include | | 150 | ¢. | 0.00 |
| | Life insura | | | 15a. | | 0.00 |
| | Health insu | | | 15b. | · - | 0.00 |
| | Vehicle ins | | | 15c. | · - | 100.00 |
| | | rance. Specify: | | 15d. | \$ | 0.00 |
| 6. Taxe | es. Do not in | clude taxes deducted from your pay or inclu | uded in lines 4 or 20. | | | |
| Spec | | | | 16. | \$ | 0.00 |
| | | ase payments: | | 47 | • | |
| | | ents for Vehicle 1 | | 17a. | | 0.00 |
| | | ents for Vehicle 2 | | 17b. | · | 0.00 |
| 17c. | Other. Spe | cify: | | 17c. | \$ | 0.00 |
| 17d. | Other. Spe | cify: | | 17d. | \$ | 0.00 |
| | | of alimony, maintenance, and support the | | 18. | • | 0.00 |
| | | your pay on line 5, Schedule I, Your Inco | | 10. | | |
| | | you make to support others who do no | t live with you. | 40 | \$ | 0.00 |
| Spec | · | | E actible commercial Control | 19. | | |
| | | erty expenses not included in lines 4 or | | | | 0.00 |
| | | on other property | | 20a. | | 0.00 |
| | Real estate | | | 20b. | · - | 0.00 |
| | | omeowner's, or renter's insurance | | 20c. | · - | 0.00 |
| 20d. | Maintenan | ce, repair, and upkeep expenses | | 20d. | · | 0.00 |
| 20e. | Homeowne | er's association or condominium dues | | 20e. | \$ | 0.00 |
| 1. Othe | er: Specify: | | | 21. | +\$ | 0.00 |
| | | | | | | |
| | - | nonthly expenses | | | | |
| | Add lines 4 | <u> </u> | | | \$ | 2,680.00 |
| 22b. | Copy line 22 | ? (monthly expenses for Debtor 2), if any, fr | om Official Form 106J-2 | | \$ | |
| 22c. | Add line 22a | and 22b. The result is your monthly expe | nses. | | \$ | 2,680.00 |
| | | | | | | ,,,,,,,,,,, |
| | - | nonthly net income. | | | • | |
| | | 2 (your combined monthly income) from S | | 23a. | | 2,521.79 |
| 23b. | Copy your | monthly expenses from line 22c above. | | 23b. | -\$ | 2,680.00 |
| 66 | 0.4. | | | | | |
| 23c. | | our monthly expenses from your monthly in is your <i>monthly net income</i> . | come. | 23c. | \$ | -158.21 |
| | | , | | | ļ. | |
| | | n increase or decrease in your expense | | | | |
| | | u expect to finish paying for your car loan within t | the year or do you expect your mort | gage | payment to increa | ase or decrease because of a |
| | | erms of your mortgage? | | | | |
| ■ N | | | | | | |
| ΠY | es. | Explain here: | | | | |

| Fill in this infor | mation to identify your | case: | | | |
|---|---|--|---------------------------------|---|---|
| Debtor 1 | Eliane M Grullon | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | OF NEW YORK | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| | tion About a | | Debtor's Sche | | 12/15 |
| ou must file the | y or property by fraud in | n connection with a ban | | | ment, concealing property, or 0, or imprisonment for up to 20 |
| You must file the obtaining mone years, or both. 1 | ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 In Below | n connection with a bank 519, and 3571. | kruptcy case can result in fin | es up to \$250,000 | |
| You must file the obtaining mone years, or both. 1 | ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 In Below | n connection with a bank 519, and 3571. | | es up to \$250,000 | |
| You must file this betaining mone years, or both. 1 Sig Did you pa | ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 In Below | n connection with a bank 519, and 3571. | kruptcy case can result in fin | ruptcy forms? Attach Bank | |
| ou must file thiobtaining mone years, or both. 1 Sig Did you pa No Yes. Under pena | ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some | n connection with a bank 519, and 3571. | kruptcy case can result in fin | ruptcy forms? Attach Bank Declaration, | or, or imprisonment for up to 20 Truptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| Did you pa No Yes. Under penathat they ar | ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some Name of person alty of perjury, I declare | n connection with a bank 519, and 3571. | rney to help you fill out banki | ruptcy forms? Attach Bank Declaration, | or, or imprisonment for up to 20 Truptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| Did you pa No Ves. Under penathat they ar X /s/ Elia Fliane | ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some Name of person alty of perjury, I declare re true and correct. | n connection with a bank 519, and 3571. | rney to help you fill out banki | ruptcy forms? Attach Bank Declaration, | or, or imprisonment for up to 20 Truptcy Petition Preparer's Notice, and Signature (Official Form 119) |

Official Form 106Dec

| jil | l in this | s informa | tion to identify your | case: | | | | | | | |
|---|-----------------|----------------------|--|-------------------------|--------------------------|-------------|-----------------------------------|--|----------|------------------------------------|----|
| | btor 1 | | Eliane M Grullon | | | | | | | | |
| | DIOI I | | First Name | | ddle Name | | Last Name | | | | |
| | btor 2 | ina) | First Name | Mir | ddle Name | | Last Name | | | | |
| | | | | | | 05 NEW | | | | | |
| Un | ited Sta | ates Bank | ruptcy Court for the: | EASTE | RN DISTRICT (| OF NEW | YORK | | | | |
| | se num nown) | nber | | | | | | | _ | eck if this is an ended filing | |
| | | | m 107 of Financial <i>i</i> | Affairs | for Indiv | vidual: | s Filing for E | Bankruptcy | | 4/1 | 19 |
| info nur | ormationber (if | n. If mo f known) | re space is needed, Answer every ques | attach a s stion. | eparate sheet | to this fo | rm. On the top of ar | e equally responsible for y additional pages, wr | | | _ |
| Pa | rt 1: | Give De | tails About Your Ma | rital Statu | s and Where Y | ou Lived | Before | | | | _ |
| 1. | What | is your o | urrent marital statu | s? | | | | | | | |
| | | Married | | | | | | | | | |
| | | Not marrie | ed | | | | | | | | |
| 2. | Durin | g the las | t 3 years, have you | lived anyv | vhere other tha | an where | you live now? | | | | |
| | _ | No | | | | | | | | | |
| | П, | Yes. List a | all of the places you li | ved in the | last 3 years. Do | not inclu | de where you live no | W. | | | |
| | Debt | tor 1 Prio | r Address: | | Dates Debtor lived there | · 1 | Debtor 2 Prior A | ddress: | | Dates Debtor 2 lived there | |
| 3. stat | | | | | | | | nity property state or te Rico, Texas, Washington | | | y |
| | | No | | | | | | | | | |
| | | Yes. Mak | e sure you fill out <i>Sch</i> | edule H: \ | our Codebtors | (Official F | orm 106H). | | | | |
| Pa | rt 2 | Explain | the Sources of You | r Income | | | | | | | _ |
| 4. | Fill in | the total | any income from en amount of income you a joint case and you | u received | from all jobs an | d all busir | nesses, including par | | s calend | ar years? | |
| | | No | | | | | | | | | |
| | _ | | the details. | | | | | | | | |
| | | | | Debtor 1 | | | | Dobtor 2 | | | |
| | | | | | of income | Gro | ss income | Debtor 2 Sources of income | | Gross income | |
| | | | | | that apply. | (bef | ore deductions and usions) | Check all that apply. | | (before deductions and exclusions) | |
| From January 1 of current year until the date you filed for bankruptcy: | | | ■ Wages bonuses, | s, commissions, tips | , | \$1,296.60 | ☐ Wages, commission bonuses, tips | ons, | | | |
| | | | | ☐ Opera | ting a business | | | ☐ Operating a busin | ess | | |

Official Form 107

| Debtor | 1 | Elia | ne M C | Frullon | | Cas | Case number (if known) | | | |
|------------|---|----------------------|----------------------------|--|---|---|----------------------------|------------|---|--|
| | | | | | | | | | | |
| | | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc | | Gross income (before deductions and exclusions) | |
| | | | ar year Jecemb | : er 31, 2019) | ■ Wages, commissions, bonuses, tips | \$26,265.04 | ☐ Wages, combonuses, tips | missions, | | |
| | | | | | ☐ Operating a business | | Operating a | ousiness | | |
| | | | | before that: er 31, 2018) | ■ Wages, commissions, bonuses, tips | \$20,228.00 | ☐ Wages, com bonuses, tips | missions, | | |
| | | | | | ☐ Operating a business | | ☐ Operating a l | ousiness | | |
| wii | nning st ead N | gs. İf ch so o | you are | filing a joint ca | pensions; rental income; inter se and you have income that y ome from each source separat | ou received together, list it o | only once under De | ebtor 1. | , | |
| | | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) | |
| Part 3: | | List (| Certain | Payments You | ı Made Before You Filed for I | Bankruptcy | | | | |
| 6. Ar □ | | 0. | Neither individu | Debtor 1 nor I al primarily for a | 2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol ore you filed for bankruptcy, di | imer debts. Consumer debt d purpose." | | - | 1(8) as "incurred by an | |
| | | | □ No | | | a you pay any oroanor a tota | . σ. φο,σ=σ σσ. | | | |
| | | | ☐ Yes | List below paid that c | each creditor to whom you pai reditor. Do not include paymen payments to an attorney for the | its for domestic support oblig | | | | |
| | * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | | | | |
| | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? | | | | | | | | | |
| | | | ■ No | Go to line | 7. | | | | | |
| | | | □ Ye | include pay | each creditor to whom you pai yments for domestic support ol r this bankruptcy case. | | | | | |
| С | redi | tor's | Name a | and Address | Dates of payme | nt Total amount | Amount you | Was this p | payment for | |

| Del | otor 1 | Eliane M Grullon | | Cas | se number (if known | | | | | | |
|-----|---|--|---|---|---|-------------------------------------|--|--|--|--|--|
| 7. | <i>Inside</i> of whi | n 1 year before you filed for bankruptors include your relatives; any general patich you are an officer, director, person in inness you operate as a sole proprietor. 1 iny. | ortners; relatives of any gen control, or owner of 20% o | eral partners; partner or more of their voting | erships of which y g securities; and a | ou are a general any managing ag | partner; corporations gent, including one for | | | | |
| | _ | No Yes. List all payments to an insider. | | | | | | | | | |
| | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment | | | | |
| В. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | | | | |
| | | No | | | | | | | | | |
| | | Yes. List all payments to an insider ler's Name and Address | Dates of payment | Total amount | Amount you | Reason for t | his payment | | | | |
| | | | | paid | still owe | include credit | tor's name | | | | |
| Par | t 4: | Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | | | | |
| 9. | List al modifi | n 1 year before you filed for bankrupter. It such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details. | | | | | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of the | e case | | | | |
| 10. | | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | | | |
| | | No. Go to line 11. | | | | | | | | | |
| | | Yes. Fill in the information below. | | | | | | | | | |
| | Cred | litor Name and Address | Describe the Property | | Date | • | Value of the property | | | | |
| | | | Explain what happened | | | | | | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No | | | | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | | | | |
| | Cred | litor Name and Address | Describe the action the | creditor took | Date take | action was | Amount | | | | |
| 12. | | n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a | | erty in the possess | ion of an assign | ee for the benef | fit of creditors, a | | | | |
| | | No | | | | | | | | | |
| | | Yes | | | | | | | | | |
| Par | t 5: | List Certain Gifts and Contributions | | | | | | | | | |
| 13. | _ | n 2 years before you filed for bankrup | tcy, did you give any gift | s with a total value | of more than \$6 | 00 per person? | | | | | |
| | _ ' | Yes. Fill in the details for each gift. | | | | | | | | | |
| | Gifts | s with a total value of more than \$600 person | Describe the gifts | | | es you gave gifts | Value | | | | |
| | | on to Whom You Gave the Gift and ress: | | | | | | | | | |

Official Form 107

| Deb | tor 1 Eliane M Grullon | | Case number (if known) | | | | | | | |
|------|--|-----------|--|---|--|------------------------|--|--|--|--|
| | | | | | | | | | | |
| | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No ■ Yes. Fill in the details for each gift or contribution. | | | | | | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | tal | Describe what you contributed | | Dates you contributed | Value | | | | |
| Part | 16: List Certain Losses | | | | | | | | | |
| | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | how the loss occurred | nclude | be any insurance coverage for the lot the amount that insurance has paid. Lot claims on line 33 of Schedule A/B: | Date of your loss | Value of property lost | | | | | |
| D | | rroporty. | | | | | | | | |
| Part | 17: List Certain Payments or Transfers | | | | | | | | | |
| | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | u | Description and value of any prop transferred | Date payment or transfer was made | Amount of payment | | | | | |
| | Jacoby & Jacoby, Attorneys At Law 1737 North Ocean Avenue Medford, NY 11763 | | Attorney Fees | 1/21/20 | \$600.00 | | | | | |
| | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y No Yes. Fill in the details. | ors o | r to make payments to your creditor | | or transfer any prope | rty to anyone who | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment | | | | |
| , | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | | |
| | Person's relationship to you | | Description and value of property transferred | | any property or received or debts change | Date transfer was made | | | | |

Case number (if known)

| | beneficiary? (These are often called asset-protection No | ction devices.) | | | | | | | | |
|-----|---|--|-----------------------------|-------------|--|---|--|--|--|--|
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | sferred | Date Transfer was made | | | | |
| Pa | rt 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and St | orage Unit | ts | | | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution and L | ast 4 digits of ccount number | Type of accounts instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | _ ``` | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St State and ZIP Code) | Number, Street, City, | | Do you still have it? | | | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | | the contents | Do you still have it? | | | | |
| Pa | rt 9: Identify Property You Hold or Control for | r Someone Else | | | | | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, St Code) | | Describe | the property | Value | | | | |
| | rt 10: Give Details About Environmental Inform | | | | | | | | | |
| | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these so | air, land, soil, surface | water, ground | • . | | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | - | environmental l | aw, wheth | er you now own, operat | e, or utilize it or used | | | | |
| | Hazardous material means anything an enviro | nmental law defines a | as a hazardous | waste, ha | zardous substance, tox | ic substance. | | | | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1

Eliane M Grullon

hazardous material, pollutant, contaminant, or similar term.

Case number (if known)

| • | | | | |
|-----|---|---|--|--------------------|
| 24. | Has any governmental unit notified you that y | ou may be liable or potentially liable | under or in violation of an environme | ntai iaw? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and | Environmental law, if you know it | Date of notice |
| | Address (Number, Street, Sity, State and 211 Sode) | ZIP Code) | MIOW IC | |
| 25. | Have you notified any governmental unit of ar | ny release of hazardous material? | | |
| | NoYes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admir | nistrative proceeding under any envi | onmental law? Include settlements a | nd orders. |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | 111: Give Details About Your Business or Co | onnections to Any Business | | |
| 27. | Within 4 years before you filed for bankruptcy | did you own a business or have an | y of the following connections to any | husiness? |
| | ☐ A sole proprietor or self-employed in a | • | | |
| | ☐ A member of a limited liability compar | | - | |
| | ☐ A partner in a partnership | | | |
| | ☐ An officer, director, or managing exec | utive of a corporation | | |
| | ☐ An owner of at least 5% of the voting of | or equity securities of a corporation | | |
| | ■ No. None of the above applies. Go to Par | rt 12. | | |
| | ☐ Yes. Check all that apply above and fill in | the details below for each business | | |
| | Business Name D | Describe the nature of the business | Employer Identification number Do not include Social Security n | umber er ITIN |
| | | Name of accountant or bookkeeper | | uniber of friiv. |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | , did you give a financial statement t | Dates business existed o anyone about your business? Inclu | de all financial |
| | ■ No | | | |
| | Yes. Fill in the details below. | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | |
| | | | | |

Debtor 1 Eliane M Grullon

| Debto | r 1 Eliane M Grullon | | Case number (if known) | |
|-------------------|--------------------------------------|---------------------------------------|--|--|
| | | | | |
| Part 1 | 2: Sign Below | | | |
| are tru with a | | king a false statement, concealing | hments, and I declare under penalty of perjury that the answers property, or obtaining money or property by fraud in connection for up to 20 years, or both. | |
| /s/ El | iane M Grullon | | | |
| | e M Grullon ture of Debtor 1 | Signature of Debt | or 2 | |
| Date | January 28, 2020 | Date | | |
| Did yo | u attach additional pages to Your St | atement of Financial Affairs for In | dividuals Filing for Bankruptcy (Official Form 107)? | |
| ■ No | | | | |
| ☐ Yes | | | | |
| Did yo | u pay or agree to pay someone who | is not an attorney to help you fill | out bankruptcy forms? | |
| ■ No | | | | |
| ☐ Yes | . Name of Person Attach the E | Bankruptcy Petition Preparer's Notice | e, Declaration, and Signature (Official Form 119). | |

| | | | | _ |
|---------------------------------|---|----------------------|---|--|
| Fill in this infor | mation to identify your case: | | | |
| Debtor 1 | Eliane M Grullon | | | |
| | First Name M | iddle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name M | iddle Name | Last Name | |
| | | | | |
| United States Ba | ankruptcy Court for the: EASTE | EKIN DISTRICT | OF NEW YORK | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| 00000 | 400 | | | |
| Official Fo | | | | _ |
| Stateme | nt of Intention for | ^r Individ | luals Filing Under Chapt | er 7 12/15 |
| | | | | |
| | lividual filing under chapter 7, y | | t this form if: | |
| _ | ve claims secured by your prope | • • | | |
| - | sed personal property and the loss form with the sourt within 30 | | xpired. ı file your bankruptcy petition or by the date s | ent for the meeting of creditors |
| | ever is earlier, unless the court | | ne for cause. You must also send copies to the | |
| | eople are filing together in a join | nt case, both a | re equally responsible for supplying correct | information. Both debtors must |
| J | | | | |
| | and accurate as possible. If mo our name and case number (if l | | eded, attach a separate sheet to this form. Or | the top of any additional pages, |
| write y | your name and case number (ii i | anownj. | | |
| Part 1: List Y | our Creditors Who Have Secure | ed Claims | | |
| 1. For any credit | tors that you listed in Part 1 of S | Schedule D: Cr | reditors Who Have Claims Secured by Proper | ty (Official Form 106D), fill in the |
| information b | elow. | | | |
| Identify the cr | reditor and the property that is col | | Vhat do you intend to do with the property that ecures a debt? | at Did you claim the property as exempt on Schedule C? |
| Creditor's | | г | Surrender the property. | □No |
| name: | | | Retain the property and redeem it. | □ NO |
| | _ | | Retain the property and enter into a | ☐ Yes |
| Description of | f | _ | Reaffirmation Agreement. | |
| property | | L | Retain the property and [explain]: | |
| securing debt | | _ | | |
| Creditor's | | | Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | |
| Description of | 4 | | Retain the property and enter into a | ☐ Yes |
| Description of | I | - | Reaffirmation Agreement. | |
| property securing debt | : | L | Retain the property and [explain]: | |
| · · | | | | <u> </u> |
| Creditor's | | | Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | Пус |
| Description of | f | | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | • | г | Reammation Agreement. Retain the property and [explain]: | |
| securing debt | : | - | - restant the property and [explain]. | |

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ No

| Debtor 1 | Eliane M Grullon | Case number (if kr | nown) |
|---------------------------------------|--|--|--|
| name: Descrip property securing | / | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| For any ur n the info | rmation below. Do not list real estate l | ty Leases you listed in Schedule G: Executory Contracts and Unex leases. Unexpired leases are leases that are still in effect ty lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe | your unexpired personal property leas | ses | Will the lease be assumed? |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No |
| Jnder pen | Sign Below alty of perjury, I declare that I have income in the second i | dicated my intention about any property of my estate tha | it secures a debt and any personal |
| X /s/ E | liane M Grullon | X | |
| Elia | ne M Grullon ature of Debtor 1 | Signature of Debtor 2 | |
| Date | January 28, 2020 | Date | |

Official Form 108

| Fill in | this information to identify your case: | | | | lirected in this form and | in Form |
|------------------|---|---|----------------------------|---------------------------------|---|-----------------------------------|
| Debt | or 1 Eliane M Grullon | 1 | 22A-1Sup | pp: | | |
| Debt | or 2 | | ■ 1. Th | ere is no pres | sumption of abuse | |
| | nd States Bankruptcy Court for the: Eastern District | of New York | ap | oplies will be r | to determine if a presur made under <i>Chapter 7</i> | |
| | number | | C | alculation (Off | icial Form 122A-2). | |
| (if knov | vn) | | | | does not apply now be y service but it could ap | |
| | | | ☐ Che | ck if this is a | n amended filing | |
| Offi | icial Form 122A - 1 | | | | | |
| Cha | apter 7 Statement of Your Cu | irrent Monthly In | come | • | | 12/19 |
| attach case n | complete and accurate as possible. If two married people a separate sheet to this form. Include the line number to number (if known). If you believe that you are exempted frying military service, complete and file Statement of Exempted Calculate Your Current Monthly Income | which the additional information rom a presumption of abuse beca | n applies. (ause you d | On the top of a lo not have pri | ny additional pages, writ marily consumer debts o | te your name and or because of |
| 1. | What is your marital and filing status? Check one | only. | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | |
| | ☐ Married and your spouse is filing with you. Fill | out both Columns A and B, line | es 2-11. | | | |
| | ☐ Married and your spouse is NOT filing with you | ı. You and your spouse are: | | | | |
| | ☐ Living in the same household and are not le | gally separated. Fill out both C | Columns A | and B, lines | 2-11. | |
| | ☐ Living separately or are legally separated. Fi penalty of perjury that you and your spouse are living apart for reasons that do not include evac | e legally separated under nonba | ankruptcy | law that appli | es or that you and your | |
| 10 ^o | I in the average monthly income that you received from a 1(10A). For example, if you are filing on September 15, the 6-2 6 months, add the income for all 6 months and divide the to buses own the same rental property, put the income from that | month period would be March 1 the tal by 6. Fill in the result. Do not inc | rough Augu lude any in | st 31. If the amo | ount of your monthly incom ore than once. For examp | ne varied during ble, if both |
| | | | Colum | n A | Column B Debtor 2 or non-filing spouse | |
| | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and commissions (before a | \$ | 2,188.75 | \$ | |
| | Alimony and maintenance payments. Do not include Column B is filled in. | de payments from a spouse if | \$ | 0.00 | \$ | |
| | All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3. | rt. Include regular contributions old, your dependents, parents, spouse only if Column B is not | 5 | 0.00 | \$ | |
| 5. | Net income from operating a business, profession | | | | | |
| | | Debtor 1 | | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 Conv boro | . • | 0.00 | \$ | |
| | Net monthly income from a business, profession, or fa | arm \$0.00 Copy here | -> \$ | 0.00 | a | |
| 6. | Net income from rental and other real property | Debtor 1 | | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | |
| | Net monthly income from rental or other real property | | -> \$ | 0.00 | \$ | |
| | Interest dividends and revalties | · | \$ | 0.00 | \$ | |

Official Form 122A-1

7. Interest, dividends, and royalties

| Debto | Eliane M Grullon | | | Case numb | er (<i>if known</i>) | | | |
|-------|--|--|-------------------------------|-------------------|------------------------|-----------------------------------|-------------|-----------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | received was a benefit u | ınder | | | | | |
| | For you \$ For your spouse \$ | 0.00 | _ | | | | | |
| | Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as st not include any compensation, pension, pay, annuity, o United States Government in connection with a disabilit disability, or death of a member of the uniformed servic pay paid under chapter 61 of title 10, then include that p does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapt | rated in the next sentence r allowance paid by the y, combat-related injury of es. If you received any re pay only to the extent that I would otherwise be enti | e, do or etired t it | \$ | 0.00 | \$ | | |
| | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism; or compensation, pension, pay, anr United States Government in connection with a disabilit disability, or death of a member of the uniformed service sources on a separate page and put the total below. | security Act; payments nanity, or international or nuity, or allowance paid b y, combat-related injury o | y the | | | | | |
| | Mother's Contribution | | _ | \$ | 500.00 | \$ | | |
| | Food stamps | | _ | \$ | 394.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column | tal for Column B. | S | 3,082.75 | + \$ | | Total incom | 3,082.75 |
| 12. | Calculate your current monthly income for the year. | Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line 1 | 1 | | Cop | y line 11 h | ere=> | \$ | 3,082.75 |
| | Multiply by 12 (the number of months in a year) | | | | | | X | 12 |
| | 12b. The result is your annual income for this part of the | e form | | | | 12b. | \$ | 36,993.00 |
| 13. | Calculate the median family income that applies to | you. Follow these steps: | | | | | | |
| | Fill in the state in which you live. | NY | | | | | | |
| | Fill in the number of people in your household. | 2 | | | | | | |
| | Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | online using the link spec | | in the sepa | | 13. ions | \$ | 71,349.00 |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. Of Go to Part 3. Do NOT fill out or file Official | | k box | 1, There is | no presum | ption of abuse | Э. | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2. | | he pre | esumption o | of abuse is o | determined by | Form 1 | 22A-2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information on th | nis sta | atement and | I in any atta | chments is tr | ue and c | correct. |
| | χ /s/ Eliane M Grullon | | | | | | | |
| | Eliane M Grullon Signature of Debtor 1 | | | | | | | |
| | Date January 28, 2020 | | | | | | | |

Official Form 122A-1

| Debtor 1 | Eliane M Grullon | Case number (if known) | |
|----------|---|------------------------|--|
| | MM / DD / YYYY | | |
| | If you checked line 14a, do NOT fill out or file Form 122A-2. | | |
| | If you checked line 14b, fill out Form 122A-2 and file it with this form. | | |

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| | Eastern | District of New York | K | | |
|--------|---|--|--|-----------------------------------|--------------|
| In re | Eliane M Grullon | | Case No. | | |
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENSA | ATION OF ATTOI | RNEY FOR DI | EBTOR(S) | |
| c | cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of e rendered on behalf of the debtor(s) in contemplation of or | f the petition in bankruptcy, | or agreed to be paid | to me, for services ren | ndered or to |
| | For legal services, I have agreed to accept | | \$ | 1,515.00 | |
| | Prior to the filing of this statement I have received | | \$ | 600.00 | |
| | Balance Due | | | 915.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. Т | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 1. I | I have not agreed to share the above-disclosed compensation | ation with any other person | unless they are mem | bers and associates of | my law firm |
| [| ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | | w firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to render | r legal service for all aspect | s of the bankruptcy | ease, including: | |
| b c | Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, stateme Representation of the debtor at the meeting of creditors a [Other provisions as needed] Negotiations with secured creditors to redureaffirmation agreements and applications a 522(f)(2)(A) for avoidance of liens on house | nt of affairs and plan which and confirmation hearing, ar ace to market value; exe as needed; preparation | n may be required; and any adjourned hea emption planning; | rings thereof; preparation and fi | iling of |
| 5. E | By agreement with the debtor(s), the above-disclosed fee doo Representation of the debtors in any discha- any other adversary proceeding. | es not include the following argeability actions, judi | g service: cial lien avoidanc | es, relief from stay | actions or |
| | C | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of any agankruptcy proceeding. | reement or arrangement for | payment to me for r | epresentation of the de | ebtor(s) in |
| Ja | nuary 28, 2020 | /s/ Richard A. Jac | coby, Esq. | | |
| Do | nte | Richard A. Jacob | • • | | |
| | | Signature of Attorne Jacoby & Jacoby | ry v, Attorneys At Lav | N | |
| | | 1737 North Ocean | n Avenue | | |
| | | Medford, NY 1176 631-289-4600 | 63 | | |
| | | Name of law firm | | | |
| | | comme of term jums | | | |

United States Bankruptcy Court Eastern District of New York

| In re | Eliane M Grullon | | Case No. | |
|-------|------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: January 28, 2020

/s/ Eliane M Grullon

Eliane M Grullon

Signature of Debtor

/s/ Richard A. Jacoby, Esq.

Signature of Attorney

Richard A. Jacoby, Esq.

Jacoby & Jacoby, Attorneys At Law

Richard A. Jacoby, Esq.
Jacoby & Jacoby, Attorneys At Law
1737 North Ocean Avenue
Medford, NY 11763
631-289-4600

USBC-44 Rev. 9/17/98

AT&T Mobility Attn: Bankruptcy Dept. 5407 Andrews Highway Midland, TX 79706

Collection Bureau Hudson PO Box 831 Newburgh, NY 12551

Comenity Bank PO Box 182273 Columbus, OH 43218-2273

Comenity Bank/mandee Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Commerce Bank 9000 Atrium Way Attn: Levy Department Mount Laurel, NJ 08054

Commonwealth Financial Systems 245 Main St Dickson City, PA 18519

Credence Resource 17000 Dallas Pkwy #204 Dallas, TX 75248

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Employee of Suffolk 245 Main Street Scranton, PA 18519 Fingerhut P.O. Box 1250 Saint Cloud, MN 56395-1250

First PREMIER Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Immediate Credit Recovery PO Box 1900 Wappingers Falls, NY 12590

Jefferson Capital 16 Mcleland Rd Saint Cloud, MN 56303

Kohls/Capital One Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201

Optimum 1111 Stewart Ave Bethpage, NY 11714

Portfolio Recovery Po Box 41021 Norfolk, VA 23541

Santander Consumer USA Attn: Bankruptcy 10-64-38-Fd7 601 Penn St Reading, PA 19601

Suffolk County Community Ammeran Room 10C Campus Business Office 533 Collge Road Selden, NY 11784

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

| DEBTOR(S): | Eliane M Grullon | CASE NO.:. |
|---|--|--|
| | | (b), the debtor (or any other petitioner) hereby makes the following disclosure owledge, information and belief: |
| was pending at any spouses or ex-spous partnership and one have, or within 180 | time within eight years before the es; (iii) are affiliates, as defined or more of its general partners; | purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) ither of the Related Cases had, an interest in property that was or is included in the [|
| ■ NO RELATED | CASE IS PENDING OR HAS B | BEEN PENDING AT ANY TIME. |
| ☐ THE FOLLOWI | NG RELATED CASE(S) IS PE | NDING OR HAS BEEN PENDING: |
| | | |
| 1. CASE NO.: | JUDGE: DISTRICT | //DIVISION: |
| CASE STILL PENI | DING (Y/N): | [If closed] Date of closing: |
| CURRENT STATU | JS OF RELATED CASE: | |
| | | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHI | ICH CASES ARE RELATED (F | Refer to NOTE above): |
| | LISTED IN DEBTOR'S SCHE F RELATED CASE: | DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| 2. CASE NO.: | JUDGE: DISTRICT | V/DIVISION: |
| CASE STILL PENI | OING (Y/N): | [If closed] Date of closing: |
| CURRENT STATU | JS OF RELATED CASE: | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHI | ICH CASES ARE RELATED (F | Refer to NOTE above): |
| | LISTED IN DEBTOR'S SCHE F RELATED CASE: | DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| 3. CASE NO.: | JUDGE: DISTRICT | VDIVISION: |
| CASE STILL PENI | DING (Y/N): | [If closed] Date of closing: |

| DISCLOSURE OF RELATED CASES (cont'd) | |
|--|---|
| CURRENT STATUS OF RELATED CASE: | Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| | Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer t | o NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE: | E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| | s who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S AT | TORNEY, AS APPLICABLE: |
| I am admitted to practice in the Eastern District of New Y | ork (Y/N): Y |
| I certify under penalty of perjury that the within bankrupto as indicated elsewhere on this form. /s/ Richard A. Jacoby, Esq. | ey case is not related to any case now pending or pending at any time, except |
| Richard A. Jacoby, Esq. Signature of Debtor's Attorney Jacoby & Jacoby, Attorneys At Law 1737 North Ocean Avenue | Signature of Pro Se Debtor/Petitioner |
| Medford, NY 11763 631-289-4600 | Signature of Pro Se Joint Debtor/Petitioner |
| | Mailing Address of Debtor/Petitioner |
| | City, State, Zip Code |
| | Area Code and Telephone Number |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009